

End-of-Life Care

Current Awareness Bulletin

June 2020

This Current Awareness Bulletin is produced by the Yeovil Academy Library to provide staff with a range of end-of-life related resources to support practice. It includes recently published guidelines and research articles, as well as news and policy items.

Systematic Reviews



1. [End-of-life care preferences for people with advanced cancer and their families in intensive care units: a systematic review. \(Abstract\)](#)

Advanced cancer patients' end-of-life care preferences in oncology units, medical-surgical units, nursing homes and palliative care services have been established. However, less is known about end-of-life care preferences of patients with advanced cancer in intensive care units and their families.

[Full text: YDH](#)

2020 [Supportive care in cancer : official journal of the Multinational Association of Supportive Care in Cancer](#)

2. [End-of-life nursing care practice in long-term care settings for older adults: A qualitative systematic review. \(Full text via LibKey\)](#)

To synthesize qualitative evidence on nurses' end-of-life care practices in long-term care settings for older adults. Qualitative evidence on how nurses describe their own end-of-life care practice has not been reviewed systematically. Qualitative systematic review. Nurses play multidimensional roles as the health care professionals most versed in residents' complex needs. Managers and policymakers should empower nurses to resolve the mismatch and help nurses obtain needed resources for end-of-life care that ensures residents die with dignity. © 2019 John Wiley & Sons Australia, Ltd.

2020 [International journal of nursing practice PubMed abstract](#)

3. [The Benefits and Burdens of Pediatric Palliative Care and End-of-Life Research: A Systematic Review. \(Abstract\)](#)

The aim of this study is to report the benefits and burdens of palliative research participation on children, siblings, parents, clinicians, and researchers. Background: Pediatric palliative care requires research to mature the science and improve interventions.

[Full text: YDH](#)

2020 [Journal of palliative medicine](#)

[4. End-of-life care and place of death in adults with serious mental illness: A systematic review and narrative synthesis. \(Full text\)](#)

People with serious mental illness have greater mortality risk than the general population. They experience health care inequalities throughout life; it is not clear if this persists to end of life. Assess the empirical evidence describing end-of-life care and place of death for people with serious mental illness. People with serious mental illness were more likely to die in care homes than the general population.

[Full text: YDH](#)

[2020 Palliative medicine PubMed abstract](#)

[5. Nurses' Experiences in End-of-Life Care in the PICU: A Qualitative Systematic Review. \(Abstract\)](#)

Nurses' Experiences in End-of-Life Care in the PICU: A Qualitative Systematic Review. The experiences of end-of-life care by nurses in the pediatric intensive care unit are the subject of this systematic review. Six qualitative articles from three different countries were chosen for the review using methods from Joanna Briggs Institute. The themes discovered included the following: insufficient communication, emotional burden, moral distress from medical futility and strengthening resilience.

[Full text: YDH](#)

[2020 Nursing science quarterly](#)

[6. Views and experiences of nurses in providing end-of-life care to patients in an ED context: a qualitative systematic review. \(Full text via LibKey\)](#)

With an increase in the population living with terminal illness, many patients are accessing EDs during the last days of their life. A qualitative meta-synthesis was undertaken using a thematic approach. Study quality was assessed using the Joanna Briggs Institute Qualitative Assessment and Review Instrument tool. Five databases were searched in June 2016.

[2020 Emergency Medicine Journal : EMJ PubMed abstract](#)

[7. Ethical content of expert recommendations for end-of-life decision-making in intensive care units: A systematic review. \(Abstract\)](#)

Intensive care unit health care professionals must be skilled in providing end-of-life care. Crucial in this kind of care is end-of-life decision-making, which is a complex process involving a variety of stakeholders and requiring adequate justification. It explores the ethical positions, arguments and principles. A literature search was conducted in bibliographic databases and grey literature sources for the time period from 1990 to 2019.

[Full text: YDH](#)

[2020 Journal of critical care](#)

[8. End of life in acute hospital setting-A systematic review of families' experience of spiritual care. \(Full text via LibKey\)](#)

To systematically review qualitative studies exploring families' experiences of spiritual care at the end of life in acute hospital settings. Although there is a widespread belief that the consideration of spiritual and religious needs is outdated in the context of secularism, from a practical perspective patients and families appear to benefit from spiritual support at the end of life. Families experiencing end-of-life care in acute hospital settings may benefit from spiritual care.

[2020 Journal of clinical nursing PubMed abstract](#)

[9. Relational autonomy: what does it mean and how is it used in end-of-life care? A systematic review of argument-based ethics literature. \(Full text\)](#)

Respect for autonomy is a key concept in contemporary bioethics and end-of-life ethics in particular. Despite this status, an individualistic interpretation of autonomy is being challenged from the perspective of different theoretical traditions. Along these lines, the notion of relational autonomy is attracting

increasing attention in medical ethics. Yet, others argue that relational autonomy needs further clarification in order to be adequately operationalised for medical practice.

[Full text: YDH](#)

2020 [BMC medical ethics PubMed abstract](#)

10. [Interventions to reduce aggressive care at end of life among patients with cancer: a systematic review. \(Full text via LibKey\)](#)

Little is known about effective interventions to reduce aggressive end-of-life care in patients with cancer. We did a systematic review to assess what interventions are associated with reductions in aggressive end-of-life cancer care. We developed a taxonomy of interventions using the Systems Engineering Initiative for Patient Safety (SEIPS) model to summarise existing interventions that addressed aggressive care for patients with cancer. Of the 6451 studies identified by our search, five RCTs and 31 observational studies met the final inclusion criteria.

2020 [The Lancet. Oncology PubMed abstract](#)

11. [What role do Death Doulas play in end-of-life care? A systematic review. \(Full text\)](#)

Current health and social care systems do not always meet the needs of the dying in our communities. As a result, patients and families are choosing to place their trust in those who can advocate for them or fill the gaps in care. Birth Doulas have been working with women during pregnancy and after birth for many years, and we are now seeing a new role, that of a Death Doula emerging in the end-of-life care space. [Full text: YDH](#)

2020 [Health & social care in the community PubMed abstract](#)

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[Palliative care: The last hours and days of life](#)

Literature review current through: Jun 2020. | This topic last updated: Jun 10, 2020.

This topic review will cover management of patients with a terminal disease who are in the final days to hours of life. The comprehensive patient assessment and symptom assessment for palliative care patients, as well as an overview of managing pain and common non-pain symptoms in palliative care patients and issues surrounding stopping enteral and parenteral nutrition and hydration and ventilatory support are addressed in detail elsewhere.

[Palliative care: Overview of mouth care at the end of life](#)

Literature review current through: Jun 2020. | This topic last updated: Jan 03, 2020.

This topic provides an overview of the importance of oral health in patients at the end of life, and the diagnosis and management of common oral complications.

[Overview of managing common non-pain symptoms in palliative care](#)

Literature review current through: Jun 2020. | This topic last updated: Jun 12, 2019.

Most patients in the terminal phase of a serious and/or life-threatening illness, such as cancer, develop potentially devastating physical and psychosocial symptoms in the weeks to months before death. Patients admitted to tertiary palliative care units are likely to present with more frequent and severe symptoms compared with those admitted to community hospices or acute care hospital beds, although the frequency of symptoms is high in all groups.

Palliative care is specialised medical care for people with serious illness that focuses on the best quality of life for both the patient and his or her family. The primary goal of palliative care is to provide quality of life for the patient and family, achieved through an interdisciplinary approach that includes symptom control and support for the patient and family.

Journal Articles

Please click on the blue link (where available) to access the full text. You may need an OpenAthens username and password. To register for an OpenAthens account [click here](#).

If you would like help obtaining any of the articles, please contact the Library.

NICE Healthcare Databases

1. Initiating end-of-life decisions with parents of infants receiving neonatal intensive care.

Author(s): Shaw ; Connabeer, Kathrina; Drew, Paul; Gallagher, Katie; Aladangady, Narendra; Marlow, Neil

Source: Patient Education & Counseling; Jul 2020; vol. 103 (no. 7); p. 1351-1357

Publication Date: Jul 2020

Publication Type(s): Academic Journal

PubMedID: NLM32111382

Aligning parents to the trajectory of the news about their baby's poor condition may influence how the doctor subsequently presents the decision to limit LST, and thereby the extent to which parents are invited to participate in shared decision-making. Practice Implications: Explicitly proposing treatment options may provide parents with opportunities to be involved in decisions for their critically ill babies, thereby fostering shared decision-making.

Database: CINAHL

2. Relational autonomy in end-of-life care ethics: a contextualized approach to real-life complexities.

Author(s): Gómez-Vírseda ; de Maeseneer, Yves; Gastmans, Chris

Source: BMC Medical Ethics; Jun 2020; vol. 21 (no. 1); p. 1-14

Publication Date: Jun 2020

Publication Type(s): Academic Journal

PubMedID: NLM32605569

Available at [BMC medical ethics](#) - from BioMed Central

Available at [BMC medical ethics](#) - from Europe PubMed Central - Open Access

Available at [BMC medical ethics](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC medical ethics](#) - from Unpaywall

This article develops a relational account of autonomy, which responds to major shortcomings uncovered in the mainstream interpretation of this principle and which can be applied to end-of-life care practices.

Database: CINAHL

3. A realist evaluation of a "single point of contact" end-of-life care service.

Author(s): Efstathiou ; Lock, Anna; Ahmed, Suha; Parkes, Linda; Davies, Tammy; Law, Susan

Source: Journal of Health Organization & Management; Jun 2020; vol. 34 (no. 4); p. 365-377

Publication Date: Jun 2020

Publication Type(s): Academic Journal

PubMedID: NLM32436670

"Single point of contact" services that offer coordinated EoLC can contribute in supporting people to be cared and die in their preferred place. Originality/value: This paper provides an evaluation of a novel approach to EoLC and creates a set of hypotheses that could be further tested in similar services in the future.

Database: CINAHL

4. Quality of life among caregivers of people with end-stage kidney disease managed with dialysis or comprehensive conservative care.

Author(s): Shah ; Murtagh, Fliss E. M.; McGeechan, Kevin; Crail, Susan M.; Burns, Aine; Morton, Rachael L.

Source: BMC Nephrology; May 2020; vol. 21 (no. 1); p. 1-8

Publication Date: May 2020

Publication Type(s): Academic Journal

PubMedID: NLM32366220

Available at [BMC nephrology](#) - from BioMed Central

Available at [BMC nephrology](#) - from Europe PubMed Central - Open Access

Available at [BMC nephrology](#) - from ProQuest (Health Research Premium) - NHS Version

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Our data suggest informal caregivers of older people on dialysis have significantly worse care-related quality of life (and therefore greater need for support) than those managed with comprehensive conservative care. It is important to consider the impact on caregivers' quality of life when considering treatment choices for their care recipients.

Database: CINAHL

5. Views and experiences of nurses in providing end-of-life care to patients in an ED context: a qualitative systematic review.

Author(s): Mughal ; Evans, Catrin

Source: Emergency Medicine Journal; May 2020; vol. 37 (no. 5); p. 265-272

Publication Date: May 2020

Publication Type(s): Academic Journal

PubMedID: NLM32152005

Available at [Emergency medicine journal : EMJ](#) - from BMJ Journals - NHS

The review identified a need for: (1) Additional training for nurses. (2) The development of clear guidelines in the form of pathways and protocols. (3) Having a separate space for the dying. (4) Providing a supportive environment for staff dealing with high emotional burden and challenging workloads. In order to improve EOL care, organisations must work on the barriers that hinder care provision.

Database: CINAHL

6. End of life care in the emergency department.

Author(s): Dawood

Source: Emergency Medicine Journal; May 2020; vol. 37 (no. 5); p. 273-278

Publication Date: May 2020

Publication Type(s): Academic Journal

PubMedID: NLM31409635

Available at [Emergency medicine journal : EMJ](#) - from BMJ Journals - NHS

Available at [Emergency medicine journal : EMJ](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:The importance of end of life care (EoLC) for patients and their families is well documented, however, the skills and knowledge of emergency clinicians in delivering EoLC is not widely understood but it is clear from the existing literature that we fall short in delivering consistently good EoLC although there is recognition of the need to improve. This paper will acknowledge the challenges of delivering good EoLC in the emergency department (ED) but more importantly consider practical ways of improving EoLC in the ED in line with best practice guidelines on EoLC.

Database: CINAHL

7. The value of dementia care towards the end of life-A contingent valuation study.

Author(s): Bhattarai ; Mason, Helen; Kernohan, Ashleigh; Poole, Marie; Bamford, Claire; Robinson, Louise; Vale, Luke

Source: International Journal of Geriatric Psychiatry; May 2020; vol. 35 (no. 5); p. 489-497

Publication Date: May 2020

Publication Type(s): Academic Journal

PubMedID: NLM31912572

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2020

Available at [International journal of geriatric psychiatry](#) - from Unpaywall

The general population values the anticipated improvement in dementia care provided by a DNS. This study will help inform judgements on interventions to improve the quality of EoL care.

Database: CINAHL

8. Development and psychometric evaluation of a new tool for measuring the attitudes of patients with progressive neurological diseases to ethical aspects of end-of-life care.

Author(s): Bužgová ; Kozáková, Radka

Source: BMC Medical Ethics; Apr 2020; vol. 21 (no. 1); p. 1-12

Publication Date: Apr 2020

Publication Type(s): Academic Journal

PubMedID: NLM32293407

Available at [BMC medical ethics](#) - from BioMed Central

Available at [BMC medical ethics](#) - from Europe PubMed Central - Open Access

Available at [BMC medical ethics](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC medical ethics](#) - from Unpaywall

The APND-EoLC questionnaire can be recommended for use in both research and clinical practice.

Database: CINAHL

9. Regional variation in hospital care at the end-of-life of Dutch patients with lung cancer exists and is not correlated with primary and long-term care.

Author(s): Man ; Groenewoud, Stef; Oosterveld-Vlug, Mariska G; Brom, Linda; Onwuteaka-Philipsen, Bregje D; Westert, Gert P; Atsma, Femke; de Man, Yvonne

Source: International Journal for Quality in Health Care; Apr 2020; vol. 32 (no. 3); p. 190-195

Publication Date: Apr 2020

Publication Type(s): Academic Journal

PubMedID: NLM32186705

Available at [International journal for quality in health care : journal of the International Society for Quality in Health Care](#) - from Unpaywall

Hospital care utilization during the last 6 months of life of patients with lung cancer shows regional medical practice variation over the course of multiple years and seems to increase. Higher healthcare utilization in hospitals does not seem to be associated with less intensive GP and long-term care. In-depth research is needed to explore the causes of the variation and its relation to quality of care provided at the level of daily practice.

Database: CINAHL

10. Till death do us part: the effect of marital status on health care utilization and costs at end-of-life. A register study on all colorectal cancer decedents in Norway between 2009 and 2013.

Author(s): Bjørnelv ; Edwin, Bjørn; Fretland, Åsmund Avdem; Deb, Partha; Aas, Eline

Source: BMC Health Services Research; Feb 2020; vol. 20 (no. 1); p. 1-13

Publication Date: Feb 2020

Publication Type(s): Academic Journal

PubMedID: NLM32054492

Available at [BMC health services research](#) - from BioMed Central

Available at [BMC health services research](#) - from Europe PubMed Central - Open Access

Available at [BMC health services research](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC health services research](#) - from Unpaywall

End-of-life care is primarily provided in the secondary and home-and community-based care level, and informal caregivers have a substantial influence on formal end-of-life care provision. Excluding aspects of care such as home and community-based care or informal care in economic analyses of end-of-life care provides a biased picture of the total resources required, and might lead to inefficient resource allocations.

Database: CINAHL

11. How do Admiral Nurses and care home staff help people living with dementia and their family carers prepare for end-of-life?

Author(s): Moore ; Crawley, Sophie; Cooper, Claudia; Sampson, Elizabeth L; Harrison Dening, Karen

Source: International Journal of Geriatric Psychiatry; Jan 2020; vol. 35 (no. 1)

Publication Date: Jan 2020

Publication Type(s): Academic Journal

PubMedID: NLM31894598

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2020

Our survey of care homes and Admiral Nurses, combined with findings from our previous survey of UK memory services, increases our understanding of how services help people with dementia and family carers prepare for end-of-life. We found fragmentation across the service system, lack of continuity, and tensions regarding when these conversations should be initiated and by whom.

Database: CINAHL

12. The emotional labour of quality improvement work in end of life care: a qualitative study of Patient and Family Centred Care (PFCC) in England.

Author(s): Boulton ; Boaz, Annette

Source: BMC Health Services Research; Dec 2019; vol. 19 (no. 1)

Publication Date: Dec 2019

Publication Type(s): Academic Journal

PubMedID: NLM31791334

Available at [BMC health services research](#) - from BioMed Central

Available at [BMC health services research](#) - from Europe PubMed Central - Open Access

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Connecting with patient experience is a crucial aspect of a number of quality improvement interventions that aim to help staff to engage with the lived experience of their services and reconnect their motivations for working in the health care system. However, there may be unintended consequences for health care service staff, particularly in sensitive areas of service delivery such as end of life care. The 'emotional labour' for staff of engaging in quality improvement work informed by patient experience should be considered in planning and supporting patient experience led quality improvement.

Database: CINAHL

13. Mechanisms by which end-of-life communication influences palliative-oriented care in nursing homes: A scoping review.

Author(s): Gonella ; Campagna, Sara; Basso, Ines; De Marinis, Maria Grazia; Di Giulio, Paola

Source: Patient Education & Counseling; Dec 2019; vol. 102 (no. 12); p. 2134-2144

Publication Date: Dec 2019

Publication Type(s): Academic Journal

PubMedID: NLM31278036

Family carers' understanding, shared decision-making, and knowledge of residents' preferences contribute to palliative-oriented care in NHs. Practice Implications: Discussions about end-of-life should take place early in a resident's disease trajectory to allow time for family carers to understand the condition and participate in subsequent, mindful, shared decision-making. HCPs should conduct systematic and thorough discussions about end-of-life treatment options with all cognitively competent residents to promote informed advance directives.

Database: CINAHL

14. Interventions to reduce aggressive care at end of life among patients with cancer: a systematic review.

Author(s): Abedini ; Hechtman, Rachel K; Singh, Achintya D; Khateeb, Rafina; Mann, Jason; Townsend, Whitney; Chopra, Vineet

Source: Lancet Oncology; Nov 2019; vol. 20 (no. 11)

Publication Date: Nov 2019

Publication Type(s): Academic Journal

PubMedID: NLM31674321

Available at [The Lancet. Oncology](#) - from ProQuest (Health Research Premium) - NHS Version

The ability to discern the interventions' effectiveness was limited by inconsistent use of validated measures of aggressive care. Seven (23%) of 31 observational studies and no RCTs were at low risk of bias according to Cochrane's Risk of Bias tool. Evidence for improving aggressive end-of-life cancer care is limited by the absence of standardised measurements and poor study design. Policies and studies to address the gaps present in end-of-life care for cancer are necessary.

Database: CINAHL

15. Relational autonomy: what does it mean and how is it used in end-of-life care? A systematic review of argument-based ethics literature.

Author(s): Gómez-Vírseda ; de Maeseneer, Yves; Gastmans, Chris

Source: BMC Medical Ethics; Oct 2019; vol. 20 (no. 1)

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: NLM31655573

Available at [BMC medical ethics](#) - from BioMed Central

Available at [BMC medical ethics](#) - from Europe PubMed Central - Open Access

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Three main conclusions were reached. First, literature on relational autonomy tends to be more a 'reaction against' an individualistic interpretation of autonomy rather than be a positive concept itself. Dichotomic thinking can be overcome by a deeper development of the philosophical foundations of autonomy. Second, relational autonomy is a rich and complex concept, formulated in complementary ways from different philosophical sources. New dialogue among traditionally divergent standpoints will clarify the meaning. Third, our analysis stresses the need for dialogical developments in decision making in end-of-life situations. Integration of these three elements will likely lead to a clearer conceptualisation of relational autonomy in end-of-life care ethics. This should in turn lead to better decision-making in real-life situations.

Database: CINAHL

16. Associations between home deaths and end-of-life nursing care trajectories for community-dwelling people: a population-based registry study.

Author(s): Kjellstadli ; Han, Ling; Allore, Heather; Flo, Elisabeth; Husebo, Bettina S.; Hunskaar, Steinar

Source: BMC Health Services Research; Oct 2019; vol. 19 (no. 1)

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: NLM31615500

Available at [BMC health services research](#) - from BioMed Central

Available at [BMC health services research](#) - from Europe PubMed Central - Open Access

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We estimated few potentially planned home deaths. Trajectories of home nursing hours and probability of SNF stays indicated possible effective palliative home nursing for some, but also missed opportunities of staying at home longer at the end-of-life. Continuity of care seems to be an important factor in palliative home care and home death.

Database: CINAHL

17. Barriers to GPs identifying patients at the end-of-life and discussions about their care: a qualitative study.

Author(s): Pocock ; Wye, Lesley; French, Lydia R M; Purdy, Sarah

Source: Family Practice; Oct 2019; vol. 36 (no. 5); p. 639-643

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: NLM30649266

Available at [Family practice](#) - from Unpaywall

Palliative Care Registers are widely used by GPs for patients with malignant diagnoses, but seldom for other patients. The findings from our study suggest that this arises because GPs find prognosticating for patients with non-malignant disease more challenging. GPs would value better communication from secondary care, tools for prognostication and training in speaking with patients at the end-of-life enabling them to better identify non-malignant patients at the end-of-life.

Database: CINAHL

18. Performance of care for end-of-life cancer patients in Tuscany: The interplay between place of care, aggressive treatments, opioids, and place of death. A retrospective cohort study.

Author(s): Ferrè ; Vinci, Bruna; Murante, Anna Maria

Source: International Journal of Health Planning & Management; Oct 2019; vol. 34 (no. 4); p. 1251-1264

Publication Date: Oct 2019

Publication Type(s): Academic Journal

PubMedID: NLM30994208

Available at [The International journal of health planning and management](#) - from Wiley Online Library Medicine and Nursing Collection 2020

Available at [The International journal of health planning and management](#) - from Unpaywall

There is a marked variability in EOL care within regional areas, with the multilevel logistic regression highlighting a greater likelihood of dying in hospital for patients who were admitted to intensive care units or previously hospitalized. There is a lower probability of dying in acute care setting for patients assisted in hospices and in both hospital and hospices/home care and for patients treated with opioids. This intraregional variation highlights the need to improve EOL planning and rethink the delivery of supportive/palliative care. Further investigations on the preferences of patients may lead to more understanding.

Database: CINAHL

19. Managing uncertain recovery for patients nearing the end of life in hospital: a mixed-methods feasibility cluster randomised controlled trial of the AMBER care bundle.

Author(s): Koffman ; Yorganci, E.; Yi, D.; Gao, W.; Murtagh, F.; Pickles, A.; Barclay, S.; Johnson, H.; Wilson, R.; Sampson, L.; Droney, J.; Farquhar, M.; Prevost, T.; Evans, C. J.

Source: Trials; Aug 2019; vol. 20 (no. 1)

Publication Date: Aug 2019

Publication Type(s): Academic Journal

PubMedID: NLM31419994

Available at [Trials](#) - from BioMed Central

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A full trial of the AMBER care bundle is technically feasible but impractical due to fundamental issues in operationalising the intervention's eligibility criteria, which prevents optimal recruitment. Since this complex intervention continues to be used in clinical care and advocated in policy, alternative research approaches must be considered and tested. Trial Registration: International Standard Randomised Controlled Trial Number (ISRCTN) Register, ISRCTN36040085 .

Database: CINAHL

20. Comparison of medical outcomes and health care costs at the end of life between dialysis patients with and without cancer: a national population-based study.

Author(s): Chiang ; Chen, Jean-Shi; Kao, Yee-Hsin

Source: BMC Nephrology; Jul 2019; vol. 20 (no. 1)

Publication Date: Jul 2019

Publication Type(s): Academic Journal

PubMedID: NLM31311518

Available at [BMC nephrology](#) - from BioMed Central

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DC patients received hospice care more frequently, received CPR less frequently, and had similar health care costs. DC patients also had a higher risk of a hospital stay that lasted more than 25 days and more than one hospitalization compared with D patients in the final month of life.

Database: CINAHL

21. Optimal care at the end of life (OPAL): study protocol of a prospective interventional mixed-methods study with pretest-posttest-design in a primary health care setting considering the view of general practitioners, relatives of deceased patients and health care stakeholders.

Author(s): Afshar ; Müller-Mundt, Gabriele; van Baal, Katharina; Schrader, Sophie; Wiese, Birgitt; Bleidorn, Jutta; Stiel, Stephanie; Schneider, Nils

Source: BMC Health Services Research; Jul 2019; vol. 19 (no. 1)

Publication Date: Jul 2019

Publication Type(s): Academic Journal

PubMedID: NLM31307457

Available at [BMC health services research](#) - from BioMed Central

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Available at [BMC health services research](#) - from ProQuest (Health Research Premium) - NHS Version

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The project OPAL is the first study to implement the SPICT-DE regionwide in general practices in Germany. The project OPAL may contribute to an overall optimisation of primary PC for patients in Germany by reducing GPs' uncertainty in initiating PC, by consolidating their skills and competencies in identifying patients who might benefit from PC, and by improving the cooperation between GPs and different health care stakeholders. Trial Registration: The study was retrospectively registered at the German Clinical Trials Register (Deutsches Register Klinischer Studien; trial registration number: DRKS00015108 ; date of registration: 22th of January 2019).

Database: CINAHL

22. A novel mindful-compassion art therapy (MCAT) for reducing burnout and promoting resilience for end-of-life care professionals: a waitlist RCT protocol.

Author(s): Ho ; Tan-Ho, Geraldine; Ngo, Thuy Anh; Ong, Grace; Chong, Poh Heng; Dignadice, Dennis; Potash, Jordan

Source: Trials; Jul 2019; vol. 20 (no. 1)

Publication Date: Jul 2019

Publication Type(s): Academic Journal

PubMedID: NLM31287010

Available at [Trials](#) - from BioMed Central

Available at [Trials](#) - from Europe PubMed Central - Open Access

Available at [Trials](#) - from Unpaywall

The outcomes of this study will contribute to advancements in both theories and practices for supporting professional EoL caregivers around the world. It will also inform policy makers about the feasibility, acceptability, and effectiveness of delivering a multimodal psycho-socio-spiritual intervention within a community institutional setting. The study has received ethical approval from the institutional review board of Nanyang Technological University. Trial Registration: ClinicalTrials.gov Identifier: NCT03440606 . Retrospectively registered February 21, 2018.

Database: CINAHL

23. End of life care for long-term care residents with dementia, chronic illness and cancer: prospective staff survey.

Author(s): Boyd ; Frey, Rosemary; Balmer, Deborah; Robinson, Jackie; McLeod, Heather; Foster, Susan; Slark, Julia; Gott, Merryn

Source: BMC Geriatrics; May 2019; vol. 19 (no. 1); p. 1-9

Publication Date: May 2019

Publication Type(s): Academic Journal

PubMedID: NLM31117991

Available at [BMC geriatrics](#) - from BioMed Central

Available at [BMC geriatrics](#) - from Europe PubMed Central - Open Access

Available at [BMC geriatrics](#) - from ProQuest (Health Research Premium) - NHS Version

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Overall, symptoms in the last week and month of life did not vary by diagnosis. However, sub-group planned contrast analyses found those with dementia and chronic illness experienced more physical distress during the last weeks and months of life than those with cancer. These results highlight the complex nature of LTC end of life care that requires an integrated gerontology/palliative care approach.

Database: CINAHL

24. Emotional labour in palliative and end-of-life care communication: A qualitative study with generalist palliative care providers.

Author(s): Brighton ; Selman, Lucy Ellen; Bristowe, Katherine; Edwards, Beth; Koffman, Jonathan; Evans, Catherine J.

Source: Patient Education & Counseling; Mar 2019; vol. 102 (no. 3); p. 494-502

Publication Date: Mar 2019

Publication Type(s): Academic Journal

PubMedID: NLM30879492

Available at [Patient education and counseling](#) - from Unpaywall

Diverse strategies to support the emotional needs of generalist staff are crucial to ensure high-quality end-of-life care and communication, and to support staff well-being. Practice Implications: Both formal and informal support is required, alongside skills training, to enable a supportive workplace culture and individual development.

Database: CINAHL

25. Constituents of effective support for homecare workers providing care to people with dementia at end of life.

Author(s): Yeh ; Samsi, Kritika; Vandrevala, Tushna; Manthorpe, Jill; Yeh, I-Ling

Source: International Journal of Geriatric Psychiatry; Feb 2019; vol. 34 (no. 2); p. 352-359

Publication Date: Feb 2019

Publication Type(s): Academic Journal

PubMedID: NLM30430628

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2020

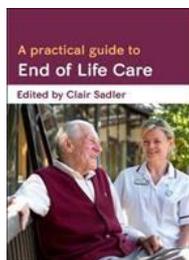
Available at [International journal of geriatric psychiatry](#) - from Unpaywall

Peer and manager support are essential and effective in coping with work pressures. There is a need to develop models of effective support to alleviate staff's practical, emotional, and interpersonal pressures. However, due to the isolating nature of homecare work, managers may not recognise early signs of their staff finding stress unmanageable and miss the opportunity to mitigate these negative effects.

Database: CINAHL

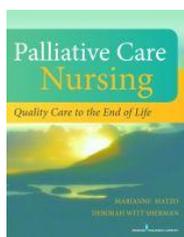
Library Books

The books listed below are a selection of those that can be found at the library. To search the library catalogue in full, visit swims.nhs.uk.



A practical guide to end of life care / edited by Clair Sadler 2015.

Sadler, Clair,
Available



Palliative care nursing : quality care to the end of life / editors Marianne Matzo, Deborah Witt Sherman 2015.

Matzo, Marianne L. ; Deborah Witt. Sherman
Available

In the News

**Nursing
Times**

[New guidance for practice nurses redeployed to community](#)

22 May, 2020

A new document has been published outlining the key competencies required of practice nurses if they are redeployed into community roles during the coronavirus crisis.

[Call for 'emergency' palliative care to be adopted for severely ill Covid-19 patients](#)

17 April, 2020

Emergency-style palliative care needs to be adopted in acute settings in order to meet the needs of Covid-19 patients who would not benefit from a ventilator, according to UK and Swiss researchers.

[Birmingham hospices launch joint end-of-life care service during Covid-19 crisis](#)

13 April, 2020

Hospices in the West Midlands have launched a new joint service that aims to provide “rapid and expert support” for local people and their families at end of life during the coronavirus outbreak.

[Funding announced to support hospices during coronavirus outbreak](#)

09 April, 2020

Grants totalling £200m are to be made available to support hospices, as part of a financial package from the government to shore up the struggling charity sector during the Covid-19 crisis.

[Poems by Tees nurse in charity book raising money to tackle Covid-19](#)

07 April, 2020

A consultant nurse from Teesside is among a host of poets featured in a book celebrating the NHS and now helping to raise money to help health service staff tackle coronavirus.

[Appeal for respiratory nurses to record Covid-19 challenges and learning](#)

03 April, 2020

Respiratory nurses are being asked to keep a diary of their experiences during the coronavirus pandemic as part of a new nurse-led research project.

[Community nurses ‘need new skills and more resources’ for Covid-19](#)

31 March, 2020

While the impact of coronavirus will be acutely felt in hospitals across the UK, nurses working in community settings will be playing just as critical role in the response.

This current awareness bulletin contains an inexhaustive selection of information that has not been critically appraised by library staff. It is therefore the responsibility of the reader to appraise this information for accuracy and relevance.

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